

Responses to RFP #385

1. Should programs be including the cost of FFT training in their budgets?

As specified in the cost report, Attachment C, "DSS will support the training costs of FFT if awarded so this should not be included in the agencies direct cost."

2. Are you looking to have multiple providers of FFT in the same Judicial Circuit?

The Division is not opposed to having multiple providers in one Judicial Circuit but seeks to have broad coverage of this service throughout the state.

3. In regards to qualifications of therapists, are there other specific credentials you are looking for in addition to a Master's Degree?

FFT requires a master's level for the staff that will eventually become the clinical site supervisor in Phase 2. The therapist requirements we are seeking are in alignment with the FFT model and will be approved by FFT, Inc. Most FFT therapists are master's level, but the criteria can vary from site to site. The competencies evaluated for determining FFT therapists are:

- a. Do they want to learn FFT?
- b. Are they comfortable and have clinical experience working with families, particularly in challenging and complex situations?
- c. Will they meet with families in their homes?
- d. Will they work nontraditional hours when families are available?

4. Are providers required to deliver FFT therapy in the home?

We will adhere to the FFT model which requires the majority of services to be delivered to the family, typically in the home environment.

5. Requirement 4.3 states "The offeror may be required to submit a copy of their most recently independently audited financial statements if requested." Can you please provide clarification if this should be included with our proposal and if so, how many copies should be provided?

This is not required as part of the proposal. If requested, the offeror will be contacted directly.

6. Requirement 4.4 states the need to include information related to at least three previous and current service/contracts performed by the offeror's organization. If the offeror is a current provider with the South Dakota Department of Social Services, is it sufficient to say that the offeror has current and previous contracts on file with the Department or should they be listed in detail here.

Please list the requested detailed information regarding three previous or current contracts in this section. These contracts may be with DSS or with other entities.

7. The proposed contract period for RFP #385 is approximately six months. How does the State intend to manage the multi-year supervision and coaching from FFT LLC that is required by the clinical model? What are the State's intentions regarding the multi-year costs of ongoing FFT LLC supervision, including the FFT LLC consultant fees and travel costs?

Per section 1.11, Length of Contract- "The continuation of the contract in future years will be dependent on the Offeror's performance and the need for the service."

8. The RFP provides an estimate of annual cases in each Judicial Circuit. Do you have any estimates of annual cases by county? If this is not available, do you have any estimates of how many annual cases in each Circuit will be in the urban centers in the Circuit, versus the rural areas? For instance, in Circuit 5, how many cases are expected in Aberdeen and Sisseton versus the rural areas of the 10-county Circuit?

Annual cases by county are not available. It would be the state's expectation that the awardee is able to serve the area proposed.

9. On page 5, the RFP shows estimates of the number of therapists needed per Circuit for FFT caseloads of 10 or 12 families. Did these estimates consider the extensive travel time that may be necessary to serve families in the more remote counties of each Circuit?

The estimate of the number of therapists needed per Circuit for FFT caseloads of 10-12 families is based on the therapist providing 1-1.5 hours of therapy/calls, etc. to client, 1.5 hours of paperwork and 1 hour of travel time a week. If travel is required beyond this to provide service to a client, the total caseload will decrease accordingly.

10. Does the number of therapists estimated per Circuit factor in the extensive amount of training and supervision time that will be required during this first year?

The estimates provided do consider the training and supervision time required during the first year.

11. Recognizing the large geographic area covered in each Circuit, and the remote rural nature of many counties, is the State open to providing FFT in part through videoconferencing, as part of the therapy program and/or for follow-up sessions?

No, at this time videoconferencing is not allowed as part of the FFT therapeutic model. However, it may be considered for the weekly supervision of staff.

12. What does the research show for the efficacy of FFT in serving Native American's on the reservations.

Currently, there are no studies specific to Native American populations. However, FFT has been provided in numerous areas with Native American populations and the outcome results were consistent with the rest of the model results for those areas.

13. Is the Department paying for all expenses for training for the FFT staff and the agency staff?

[Refer to answer in question #1](#)

14. And if so, does this include the supervisor training?

[Refer to answer in question #1](#)

15. Will the Department pay for training costs in the future due to turnover?

[Refer to answer in question #1](#)

16. In Attachment C, it indicates that DSS will support the training costs, but to not include in the Direct Cost. Are providers to build the initial cost of FFT into the Consultant Cost area, or assume the cost will be covered following contract award negotiations?

[Refer to answer in question #1](#)

17. Also in Attachment C, what does “DSS will support the training cost” mean? Is this 100% of initial training costs?

[Refer to answer in question #1](#)

18. When developing a proposed budget, what reimbursement rates will be used? Is this a bundled rate around services delivered? Unit rate? If unit rate, what is the reimbursable rate for services delivered?

[Agencies should propose a budget that will cover the costs to provide FFT services. The rate structure will be developed as the program is implemented.](#)

19. Is there a yearly budget total that is to not be exceeded?

[The annual budget should reflect the actual costs that agency is projecting to provide the FFT service in the proposed area to be served.](#)

20. How will referrals be generated for the program? Will DSS or DOC be the primary/direct referral source?

As indicated in the RFP section 3.0, Scope of Work- “A referral process will be developed by the Department of Social Services to include referrals made by the Department of Corrections and Unified Judicial System for youth or as approved by the Division of Behavioral Health.”

21.If referrals are coming from DSS/DOC, will this be an “ordered service”?

Referrals will be assessment driven. Per 3.0, Scope of Work, “juveniles placed on community supervision with the Unified Judicial System and/or the Department of Corrections or as approved by the Division of Behavioral Health”.

22.What are minimum qualifications for FFT Therapist? Not supervisor, but therapist.

Refer to answer in #3

23.Each circuit has a projected number of clients. Will there be a month to month build up to get to projected number?

It is expected that therapist will begin providing services upon completion of training. The Department will work with the provider, UJS and DOC to determine the month to month build-up of caseloads.

24.Contract is awarded in November and services start in January. What is anticipated timeframe for initial training?

It is anticipated the initial training will be scheduled in January, 2016.

25.There are certain I.T. requirements for therapist. Is the state going to help defray these costs in order to be compliant with FFT standards?

FFT utilizes a web based system so costs should be minimal. Proposals should include anticipated costs in their proposed budget.

Sites must provide each FFT therapist with on-going computer and internet access so they can record progress notes and complete the other assessment, adherence and outcome instruments that are utilized during the course of an FFT intervention. In order to use the FFT Client Services System you must have one of the following browsers:

- a. Internet Explorer 8+
- b. Firefox 5+
- c. Chrome 16+
- d. Opera 10.7+
- e. Safari 5+

The system requirements are different depending on the browser you choose. Here are requirements for each of the major browsers:

- a. Internet Explorer: <http://windows.microsoft.com/en-us/internet-explorer/products/ie-8/system-requirements>
- b. Firefox: <https://www.mozilla.org/en-US/firefox/5.0/system-requirements/>
- c. Chrome: <https://support.google.com/chrome/answer/95411?hl=en>
- d. Opera: <http://www.opera.com/download/requirements/>
- e. Safari: [http://en.wikipedia.org/wiki/Safari_\(web_browser\)#System_requirements](http://en.wikipedia.org/wiki/Safari_(web_browser)#System_requirements)

26. 200 families have been identified, what percentage of these families will be serviced during the RFP period? How will this effect hiring and training?

The clients served will be dependent on provider capacity and referrals received. However keep in mind, your proposed response and budget is based upon serving clients over a year's time period.

27. How are outcomes reported? What information will be needed to determine the success of the FFT program?

FFT, LLC has developed outcomes specific to the FFT program. In addition, DSS will work with providers to determine any other relevant outcome measures along with how they will be reported.

28. If other services are deemed necessary how are referrals handled? How will these services be funded? How will this impact FFT?

FFT is considered to be a comprehensive service. DSS will work with providers to review additional needs that may be identified.

29. What is the time period for the planning phase as discussed on page 5 of RFP #385?

The planning period would begin at the time the contract is established with the intent to have FFT services begin in January of 2016. The planning period may continue until full implementation is achieved.

30. What activities are included in the planning phase?

All activities that are necessary to implement FFT.

31. Will the state be providing a locally based FFT training or will the offeror be responsible for sending staff to training?

It is anticipated that the majority of the training will be provided in South Dakota.

32. Can a word version of RFP #385 and Attachment B be provided?

A Word version will be provided upon specific request to the RFP point of contact.

A copy of Attachment B can be downloaded from:
http://www.fftllc.com/documents/FFT_Application_Certification.pdf